

ADMINISTRATIVE REMARKS

NAVPERS 1070/613 (REV 10-81)

S/N 0106-LF-010-6991

SHIP OR STATION:

NAVAL RESERVE CENTER, ADELPHI, MD

FLEXIBLE IDT ACKNOWLEDGEMENT

Initial

_____ a. I acknowledge that participation in the flexible drill program is voluntary and requires unique responsibilities and obligations to maintain satisfactory participation and ensure proper crediting of retirement points. I understand that I share in the responsibility for my Naval Reserve career. I received a briefing concerning satisfactory participation requirements and retirement point credit. I understand that my anniversary date for a satisfactory qualifying year is _____.

_____ b. I understand that I must perform at least one drill per quarter and must perform other IDT periods as scheduled by my unit commanding officer to complete administrative and organizational requirements (e.g., Identification Card issuance, Advancement exam participation, medical or dental requirements, physical readiness test, general military training, etc.). I may also address administrative requirements during the Annual Training check-out process.

_____ c. I understand that satisfactory participation is comprised of performance of at least 85 percent of required drills (40 of 48 annually), performance of 12 days of Annual Training (when required), adherence to physical qualification standards, responding to official correspondence, and keeping my Commanding Officer informed of changes in my address, home/work phone numbers, medical condition, dependency status, and other factors which could affect mobilization potential. Failure to comply may result in removal from SELRES status and transfer to the Individual Ready Reserve (IRR).

_____ d. I acknowledge that if I do not perform a minimum of 85 percent of required drills and annual training prior to my bonus anniversary date, payment will not be made until satisfactory participation is met per BUPERSINST 1001.39C.

_____ e. I understand that my Serviceman's Group Life Insurance (SGLI) premiums will continue to accrue on a monthly basis, whether or not I actually drill during that calendar month. To retain SGLI eligibility, premiums accrued during the months that drills were not performed will be retroactively deducted in a lump sum from my next paycheck.

_____ f. I understand that drill periods performed in advance will result in the same Selected Reserve obligation as if I performed drills on a normal four drill per month schedule. During this obligated period, I must remain in my current billet assignment. I further understand that I cannot perform advance drills for service beyond my EOS, HYT, or any mandatory separation or transfer date. I remain eligible for recall through the end of the month for which I have performed drill periods.

_____ g. I understand that Expiration of Obligated Service for the Montgomery GI Bill Selected Reserve (MGIB-SR) is _____. If separated prior to that date, I may be required to repay pro rata benefits received. (enlisted members only)

Member's signature / Date

Unit Commanding officer / Date

NAME (LAST, FIRST MIDDLE)

SSN

BRANCH AND CLASS

USNR